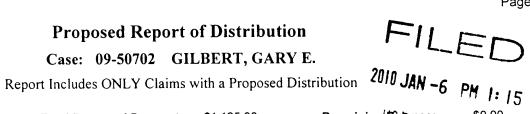
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Case E	Balance: \$1,125.00	Total Propo	sed Payment:	\$1,125.00	Remaining Balance: \$0.00			
Claim #	Claimant Name	Туре	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	DETOPOSPOR	Remaining Funds
	KATHRYN A. BELFANCE, A TRUSTEE <2200-00 Trustee Expenses>	Admin Ch. 7	10.80	10.80	0.00	10.80	10.80	1,114.20
	KATHRYN A. BELFANCE, A TRUSTEE <2100-00 Trustee Compensa	Admin Ch. 7	281.25	281.25	0.00	281.25	281.25	832.95
SUBTOTAL FOR ADMIN CH. 7			292.05	292.05	0.00	292.05	292.05	
1	ADVANTA BANK CORP	Jnsecured	3,700.18	3,700.18	0.00	3,700.18	57.44	775.51
2	CHASE BANK USA NA Claim Memo: REVIEWED	Jnsecured CLAIM.	15,488.01	15,488.01	0.00	15,488.01	240.39	535.12
3	PYOD LLC ITS SUCCESSORS AND ASSIGNS Claim Memo: REVIEWED	Jnsecured	10,209.44 EDULED AS SEA	10,209.44 .RS.	0.00	10,209.44	158.46	376.66
4		Unsecured	208.97	208.97	0.00 CUMENTS AT	208.97 TACHED.	(3.24)	373.42
5	SUMMA HEALTH SYSTEM Claim Memo: REVIEWED	Unsecured	387.31	387.31	0.00	387.31	6.01	367.41
6	FIA CARD SERVICES, NA/BANK OF AMERICA Claim Memo: REVIEWED	Unsecured	23,672.08	23,672.08	0.00	23,672.08	367.41	0.00
SUBTOTAL FOR UNSECURED			53,665.99	53,665.99	0.00	53,665.99	832.95	
	Total for Case 09)-50702 :	\$53,958.04	\$53,958.04	\$0.00	\$53,958.04	\$1,125.00	,
		CASI	E SUMMARY		/		. (
		Amount Filed	Amoun Allowe			osed ment	% paid	্বৰ
	Total Administrative Claims : \$292.0		\$292.	05 \$0.0	00 \$2	292.05 / 10	00.00000%	
	Total Unsecured Claims	: \$53,665.99	\$53,665.	99 \$0.0		332.95 Sk # :eist #	1.552100%	